STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	50G046	A. BUILDING _____ B. WING _____	C 06/20/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAINIER SCHOOL PAT E	RYAN ROAD BUCKLEY, WA 98321

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS This report is a result of a Complaint Investigation #2809948 conducted at Rainier School - PAT E from 5/17/2013 through 6/20/2013 completed by Terry Patton and Claudia Baetge from: State of Washington Department of Social and Health Services Residential Care Services Administration ICF/IID Survey and Certification Program P.O. Box 45600 Olympia, WA 98504-5600 Office Phone: (360) 725-3215 FAX: (360) 725-2642	W 000		
W 153	483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to report 2 of 2 resident to resident assaults by Resident #2 (R2) (involving Resident #1 and Resident #3) to the Complaint Resolution Unit (CRU)and Law Enforcement, as required by law. Failure to make timely Mandatory Reports prevented the facility from protecting other residents. In addition, failure to report prevented Law Enforcement officials, as well as government oversight agencies, from having knowledge of assault incidents, resulting in delayed investigations	W 153		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	50G046	A. BUILDING _____ B. WING _____	C 06/20/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAINIER SCHOOL PAT E	RYAN ROAD BUCKLEY, WA 98321

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 153	Continued From page 1 placing residents at potential risk of harm. Findings include: All observations, interviews, and record reviews occurred between 5/17/13 and 6/20/13, unless otherwise stated. 1. R2 assaulted Resident #3 (R3) during an off campus van ride on 2/15/13. Record Review: RCW 74.34.035 - Mandatory Reporting - Paragraph (3) requires Mandated Reporters to report suspected physical assault of a vulnerable adult. Paragraph (4)(a) requires Mandated Reporters to report an incident of physical assault between vulnerable adults to Law Enforcement, even if the injury is minor and if the injury is to the back, face, head, neck of a vulnerable adult. Paragraph (4) (d) requires Mandated Reporters to report to Law Enforcement an attempt by a vulnerable adult to choke another vulnerable adult. Client to Client Altercation form dated 2/15/13 revealed that R2 assaulted R3 while riding in a van off the facility grounds on 2/15/13 at 10:05 PM. R3 was "moaning, grabbing on to neck/shoulder L side area". Progress note dated 2/15/13 in R3's record revealed he experienced neck and shoulder pain and injury following the assault. Fall and Injury Report dated 2/15/13 revealed R3 was scratched from his shoulder to his back. Interviews:	W 153	The Complaint Resolution Unit (CRU) and Law Enforcement were notified of the two incidents of resident to resident assaults dated 2/15/13 and 5/15/13. **Person responsible:** ACM **Monitor:** DDA2 PAT E staff will be trained in DDD policy 5.13, RCW 74.34.035, and Standard Operating procedure 2.25/Incident Map to ensure that all incidents of resident to resident assaults are reported timely to CRU and Law Enforcement. **Person responsible:** ACM **Monitor:** DDA2 ACM//DDA1/DDA2 will review incident reports to ensure incidents of resident to resident assaults are reported timely to CRU and Law Enforcement; provide training and/or corrective action as needed. **Person responsible:** DDA2 **Monitor:** Asst. Superintendent	Completed 7//23/13 ~~10/12/13~~ and ongoing 8/23/13 Per telephone chat 7/23/13 and ongoing

ALM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	50G046	A. BUILDING _____ B. WING _____	C 06/20/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAINIER SCHOOL PAT E	RYAN ROAD BUCKLEY, WA 98321

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 153	Continued From page 2	W 153		

Staff F revealed that during the 2/15/13 van ride she observed R2 lean forward and place one hand on R3's neck and another hand on R3's shoulder, which resulted in injury and pain to R3. Staff K and L revealed during interviews that the 2/15/13 assault by R2 on R3 was not reported to Law Enforcement or the Complaint Resolution Unit (CRU) Hotline (which is Washington State's agency for Mandatory Reporters to make reports).

2. R2 assaulted R1 at their residence on 5/15/13.

Observation:

R1 was observed at his residence on 5/17/13. His left arm was in a sling due to being fractured during the 5/15/13 assault by R2.

Record Review:

Incident Report No. 901126 dated 5/15/13 revealed at 9:20 AM on 5/15/13, R2 pushed R1 without provocation, causing R1 to fall, fracture the humerus bone in his upper left arm and caused pain to R1.

Incident Report, Client to Client Altercation Statement, Incident Inquiry and Progress Notes in R1's and R2's records revealed no staff reported the 5/15/13 assault and fractured arm to the Complaint Resolution Unit (CRU) Hotline on 5/15/13 or 5/16/13. Record review revealed the facility did not report the incident to Law Enforcement. CRU reported the assault and fractured arm to Law Enforcement on 6/10/13.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	50G046	A. BUILDING _____ B. WING _____	C 06/20/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAINIER SCHOOL PAT E	RYAN ROAD BUCKLEY, WA 98321

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 153	Continued From page 3 RCW 74.34.035 - Mandatory Reporting - Paragraph (3) requires Mandated Reporters to report suspected physical assault of a vulnerable adult. (Note: those reports are made to CRU in Washington State) In addition, Paragraph (4) (b) of RCW 74.34.035 requires Mandated Reporters to report an incident of physical assault between vulnerable adults to Law Enforcement if the assault results in a fracture to one of the involved residents. Interviews: On 5/17/13 at 10:45 AM Staff L revealed facility had not reported the 5/15/13 9:20 AM assault of R1 by R2. The assault resulted in a fractured humerus bone in R1's upper left arm and pain. During 5/17/13 interview, Staff L directed facility staff to report the 5/15/13 assault to CRU. Interview with CRU staff confirmed the 5/15/13 9:20 am assault of R1 by R2 was reported to CRU on 5/17/13 at 11:12 AM by Staff B. Staff M revealed facility follows the guidelines of the "Red Book" for reporting resident to resident assaults and altercations. Staff K provided a copy of the "Red Book" for review.	W 153		
W 154	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on records reviews and interviews, the facility failed to thoroughly investigate 3 of 3 incidents involving R2 assaulting other residents (R1 and R3) and Staff H. Failure to thoroughly	W 154		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	50G046	A. BUILDING _____ B. WING _____	C 06/20/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAINIER SCHOOL PAT E	RYAN ROAD BUCKLEY, WA 98321

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 154	Continued From page 4 investigate incidents of assault by resident R2 resulted in incomplete information regarding the incidents and prevented the facility from assuring residents are protected from further assaults. In addition, this failure prevented the facility from assuring R2's Behavior Support Plan is effective and being followed by all staff. Findings Include: All interviews and record reviews occurred between 5/17/13 and 6/20/13, unless otherwise stated. 1. R2 assaulted R3 during an off campus trip in a van on 2/15/13. Record Reviews: Client to Client Altercation form dated 2/15/13 revealed that R2 assaulted R3 while riding in a van off the facility grounds on 2/15/13 at 10:05 PM. R3 was "moaning, grabbing on to neck/shoulder L side area". Progress note dated 2/15/13 in R3's record revealed he experienced neck and shoulder pain and was scratched by R2 during R2's 2/15/13 assault. Fall and Injury Report dated 2/15/13 revealed R3 was scratched from his shoulder to his back. There was no evidence or documentation the facility investigated the 2/15/13 assault of R3 by R2. Interviews: Staff F revealed that during the 2/15/13 van ride she observed R2 lean forward and place one	W 154	PAT E will re-open the (3) investigations noted within this citation and complete a thorough investigation. **Person responsible:** ACM **Monitor:** DDA2 All incidents of resident to resident assaults/altercations will be thoroughly investigated. All PAT E Managers responsible for conducting Major incident investigations will receive instruction/training regarding thorough investigations. **Person responsible:** Incident Coordinator **Monitor:** DDA2 DDA1/DDA2 will review all investigations, ensuring that issues related to facility practices will be addressed as a critical element of a complete a thorough investigation. **Person responsible:** DDA2 **Monitor:** Asst. Superintendent	Completed 9/12/13 Completed 9/12/13 and ongoing 7/23/13 and Ongoing

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	50G046	A. BUILDING _____ B. WING _____	C 06/20/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAINIER SCHOOL PAT E	RYAN ROAD BUCKLEY, WA 98321

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 154	Continued From page 5 hand on R3's neck and another hand on R3's shoulder, which resulted in injury to R3. Staff L acknowledged the facility did not investigate the 2/15/13 assault on R3. 2. R2 assaulted Staff H in the coffee shop on 5/7/13. Record Reviews: Incident Report No. 900579 revealed R2 assaulted Staff H when Staff H was working in facility coffee shop. The 5/10/13 5-Day Investigation Report of the 5/7/13 assault by R2 on Staff H revealed that Staff H was harmed during the assault. The 5-Day Investigation Report, written by the coffee shop supervisor, did not identify information pertinent to R2's mental state, behavioral guidelines, or corrective actions to prevent further assaults by R2 of staff or residents in the coffee shop. The May 20, 2013, AD-HOC meeting report by R2's Inter-Disciplinary Team revealed the statement that the 5/7/13 assault by R2 on Staff H was only that R2 "...ran into the coffee shop and barged into the back where the deep fryer, grill, and refrigerator are located. He was not easily redirected." No reference was made in the Ad-HOC report of the assault on Staff H by R2. Interviews: Staff H revealed on 6/13/13 R2 pushed him by the face, twisting Staff H's neck and striking Staff H's head on the refrigerator behind him. Staff H revealed he is receiving physical therapy due to a neck injury caused by the 5/7/13 assault. Staff H believes he was assaulted by R2 only because he	W 154		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	50G046	A. BUILDING _____ B. WING _____	C 06/20/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAINIER SCHOOL PAT E	RYAN ROAD BUCKLEY, WA 98321

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 154	Continued From page 6	W 154		

was standing in front of the refrigerator R2 wanted in. Staff H revealed he believes R2 would have assaulted anyone who was standing between R2 and the refrigerator. Staff H revealed that R2 still comes to the coffee shop and goes to the refrigerators. Staff H was told by Staff D (R2's Psychologist) the coffee shop staff should not stand between R2 and what he wants to get to, such as the refrigerator.

Staff K revealed that staff outside of the coffee shop were not involved in the investigation, but further investigation by other staff should have occurred. Staff K revealed on 6/20/13 that further facility investigation of the 5/7/13 assault will occur.

3. R2 assaulted R1 at their residence on 5/15/13.

Records Review:

Incident Report No. 901126 dated 5/15/13 revealed that at 9:20 AM on 5/15/13, R2 pushed R1 without provocation, causing R1 to fall and fracture the humerus bone in his upper left arm. There was no evidence or documentation the facility investigated the 5/15/13 assault of R1 by R2 to determine if abuse, neglect, or mistreatment occurred or to assure R2's BSP was followed.

Interviews:

Staff K revealed facility staff did not thoroughly investigate the 5/15/13 assault of R1 by R2. Staff K revealed the 5/15/13 assault should have been referred for investigation by the Statewide

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	50G046	A. BUILDING _____ B. WING _____	C 06/20/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAINIER SCHOOL PAT E	RYAN ROAD BUCKLEY, WA 98321

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 154	Continued From page 7 Investigation Unit (SIU). Staff K revealed on 6/20/13 further facility investigation by SIU of the 5/15/13 assault will occur.	W 154	Hyak ACM will review staff inservice sheets and determine which Hyak employees have not trained in Resident 1 current BSP. These employees will be trained in Resident 1 BSP. **Person responsible:** ACM **Monitor:** DDA2	Completed 8/23/13
W 189	483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure staff received training for 1 of 1 resident (R2) Behavior Support Plan (BSP). This failure placed residents at risk of harm due to staff not knowing strategies and interventions identified in R2's BSP for prevention and response to R2's agitation and aggression. Findings Include: All interviews and record reviews occurred between 5/17/13 and 6/20/13, unless otherwise stated. Record Review: The 5-Day Investigation Report of R2's 5/15/13 assault of R1 revealed that Staff A and N were present during the assault. Review of Inservice Training - Attendance Records revealed neither Staff A or N were trained to R2's BSP. A BSP for R2 was found, with other documents, in one of R2's 4 charts at his residence. Records review of the BSP Book at R2's residence revealed that neither R2's BSP nor the Inservice Training - Attendance Record for staff	W 189	PAT E ACM's will review BSP books/inservice sheets and determine which employees assigned to the living unit have not been trained and ensure BSP training is completed by ACM or shift charge. Upon approval of BSP's all living unit employees will be trained/review BSP within two weeks by Psychologist, ACM, or shift charge. Oncoming relief staff will review client's BSP's assigned to post position. Psychologist/ACM/Shift charge will answer any questions about the BSP. **Person responsible:** ACM **Monitor:** DDA2 DDA1 will complete a random sample of four clients per quarter to ensure that all regularly assigned staff to a living unit and/or relief staff are trained in residents BSP's. When training is not completed, ACM/designee will provide training. **Person responsible:** DDA1 **Monitor:** DDA2	Completed 8/23/13 and ongoing 7/23/13 and ongoing

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	50G046	A. BUILDING _____ B. WING _____	C 06/20/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAINIER SCHOOL PAT E	RYAN ROAD BUCKLEY, WA 98321

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 189	Continued From page 8	W 189		

being trained to R2's BSP were in the BSP Book. According to 5/20/13 Inter-Disciplinary Team ' s Ad-Hoc review of R2's BSP, staff were to be inserviced on R2's BSP. Inservice Training - Attendance Records reveal Staff D trained 6 staff to R2's BSP on 5/22/13. However, review of Staff Communication Sheets and R2's BSP Inservice Training - Attendance Records revealed from 6/1/13 to 6/10/13 that approximately 32 different Attendant Counselors worked at R2's residence. Of those 32 staff, approximately 21 staff that worked at R2's house from 6/1/13 to 6/10/13 did not complete the Inservice Training on R2's BSP.

Interviews:

Staff A revealed she had not been trained on R2's BSP.

Interviews with facility staff (Staff A, B, and C) revealed BSP Book is read by staff to ensure they know the appropriate prevention and intervention strategies for responding to residents' challenging behaviors. They revealed staff are expected to read all the BSPs in BSP Book and sign each Inservice Training - Attendance Record, which are in the BSP Book with each resident's BSP, showing they have read the BSP for each resident.

Staff D, Psychologist for R2, revealed R2 moved to his current residence in January 2013 due to R2's challenging behaviors, which put other residents at risk of harm where he previously resided. Staff D trained 10 staff to R2's BSP in January, 2013. The staff who were trained in January 2013 signed an Inservice Training - Attendance Record. On 5/22/13, a week after the 5/15/13 assault of R1 by R2, Staff D retrained 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	50G046	A. BUILDING _____ B. WING _____	C 06/20/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAINIER SCHOOL PAT E	RYAN ROAD BUCKLEY, WA 98321

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 189	Continued From page 9 of the 10 staff he trained in January and trained 1 additional staff who had not had prior training to R2's BSP. The staff trained by Staff D on 5/22/13 documented the training on an Inservice Training - Attendance Record.	W 189		